

## Important Things to Remember!

1. MRSA can live days, weeks or months outside of the body on items such as bathroom fixtures, wheelchairs and bedding/towels depending on the environment. Some studies suggest that MRSA can live up to 90 days.<sup>1</sup>
2. Gowns and gloves should be used when having direct contact with an MRSA infected site or fluid and when handling laundry. Guests should check with staff before visiting residents.
3. Environmental cleaning is of vital importance. Cleaning with one part bleach to nine parts water is recommended.
4. Washing hands with soap and water or using an alcohol-based hand sanitizer is a must.

### 5. HAND WASHING IS THE FIRST LINE OF DEFENSE!



1. Neeley, A. N. and Maley, M. P. (2000). Survival of enterococci and staphylococci on hospital fabrics and plastics. *Journal of Clinical Microbiology*, 38 (2), pp. 724-726. Retrieved March 31, 2010 from [www.ncbi.nlm.nih.gov/pmc/articles/PMC86187/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC86187/)

For more information visit the following websites:

[www.cdc.gov/mrsa](http://www.cdc.gov/mrsa)

[www.hopkinsmedicine.org/heic/patient/mrsa/index.html](http://www.hopkinsmedicine.org/heic/patient/mrsa/index.html)

### CDC Long Term Care Infection Control

[www.cdc.gov/ncidod/dhqppl\\_longterm\\_care.html](http://www.cdc.gov/ncidod/dhqppl_longterm_care.html)

### Implementing Long-Term Care Infection Control Guidelines Into Practice:

#### A Case-Based Approach

[www.annalsoflongtermcare.com/content/implementing-long-term-care-infection-control-guidelines-into-practice-a-case-based-approach](http://www.annalsoflongtermcare.com/content/implementing-long-term-care-infection-control-guidelines-into-practice-a-case-based-approach)

### APIC/SHEA Guideline-Infection Control in Long Term Care

[www.apic.org/Content/NavigationMenu/PracticeGuidance/APIC-SHEA\\_Guideline.pdf](http://www.apic.org/Content/NavigationMenu/PracticeGuidance/APIC-SHEA_Guideline.pdf)

[www.cdc.gov/hicpac/pdg/isolation/isolation.2007.pdf](http://www.cdc.gov/hicpac/pdg/isolation/isolation.2007.pdf)

### American Journal of Infection Control (AJIC)

[www.ajicjournal.org/](http://www.ajicjournal.org/)

### Healthcare Infection Control Practices Advisory Committee (HICPAC)

[www.cdc.gov/hicpac](http://www.cdc.gov/hicpac)

### Association for Professionals in Infection Control and Epidemiology (APIC)

[www.apic.org](http://www.apic.org)

## Prevention tips and care of the resident with

**MRSA**  
(Methicillin-resistant  
Staphylococcus  
Aureus)



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## MRSA

*Staphylococcus aureus* (or staph) is a bacteria about one out of three people have living on their skin or in their nose. This bacteria does not cause problems for most people. However, sometimes it can cause skin/wound infections, pneumonia or bloodstream infections. When this happens, antibiotics are used to kill the bacteria. Sometimes staph can be resistant, meaning it cannot be killed by some antibiotics. Methicillin-resistant *Staphylococcus aureus* (MRSA) is a type of staph that is resistant to some of the antibiotics that are used to treat staph infection.

### Antibiotic Use

Patients with MRSA should avoid excessive antibiotic use unless necessary. Make sure to educate residents and families about the importance of taking all medication as directed, including antibiotics to treat MRSA.

**Antibiotics should be taken until completed.**

## What is Infection vs. Colonization?

An infection means that the bacteria are in or on the body and are making the person sick. Signs and symptoms include fever, pus from a wound, a high white blood cell count, a urinary tract infection, or pneumonia.

Bacteria also can be on the body, but not make the person sick. This is called colonization. People who are colonized will have no signs or symptoms of infection. MRSA can cause infection or colonization.

### Environmental Cleaning

Environmental cleaning is of vital importance to keep health-care providers and visitors healthy. This includes cleaning the resident's room as well as equipment, such as wheelchairs, walkers, blood pressure cuffs, etc. Cleaning reduces the chance of residents becoming reinfected.

Laundry should be handled using contact isolation protocols for infected residents.



## Precautions - Stop the Spread!

Residents with MRSA should have their own dedicated equipment, including blood pressure cuffs, stethoscopes, etc.

Hand washing should occur:

- **After using the bathroom.**
- **Before and after all resident contact.**
- **Before and after contact with items in the resident's room.**
- **Immediately after removing gloves.**

For residents with MRSA:

- Health-care providers should use contact isolation procedures.
- Visitors also may be asked to wear gowns and/or gloves.
- Ambulatory residents who are not alert and oriented should be in a private room.

Residents can participate in group activities if they are afebrile, alert and the source of the infection can be contained (i.e. wound is dry and can be covered). However, residents must wash their hands with soap and water or an alcohol-based hand rub prior to leaving their room to attend activities and before all meals.